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ABSTRACT

Within the next 3 years, every school district in the country is likely to deal with a new and frightening challenge--dealing with the presence of students or staff members with HIV infection or AIDS. How schools respond to this challenge may well determine the future of U.S. education. Some communities may react with ignorance and fear, just as the community in Arcadia, Florida did when confronted with the three hemophiliac sons of Clifford and Louise Ray. What can school districts do to ensure that their communities will not react in such an unenlightened fashion? Clearly, educational efforts directed mainly at prevention will no longer be sufficient. Public relations and staff education efforts must be comprehensive and must be initiated as soon as possible. Instructors, as well as students, need to be educated about any possible risks presented by the presence of an HIV-infected student or coworker. This education must be accessible, sensitive to the sensibilities of the participants, engaging, cost efficient, and conducive to active dialogue. Cleveland State University has developed a series of instructional video cassettes and supplemental manuals whose use is encouraged in such an educational effort.
(RJS)

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DRAFT

THE ARCADIA QUESTION:

Public Relations in the Post-AIDS Era

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THE ARCADIA QUESTION:

Public Relations in the Post-AIDS Era

You receive a phone call from another parent that children with AIDS have enrolled and one will be in your child's class. You are asked to join a protest group that plans to speak out at the Board meeting and picket the homes of Board members. The group plans to buy-out the superintendent's contract if s/he does not support the group's efforts to segregate the AIDS carrier.

Does the above scenario appear too ludicrous to consider? Well, consider it! Many school superintendent's will be unemployed as a result of a situation, not too dissimilar to the one described. I can guarantee you that you will be faced with a public relations problem similar to this within the next three years. Dozens have already "handled" the problem." In fact, most of you have policies in place and feel pretty secure. Think again, your problems are only beginning.

Recently, The city of Arcadia, in central Florida, faced this very problem. How Arcadia reacted will help us to understand and prepare for our future. The Arcadia story provides a laboratory to observe possible reaction to the coming plague -- a plague that may make the black plague of the Middle Ages seem like the swine flu scare.

Just how did the Arcadian's react to their threats? Arcadia, Florida, reacted with ignorance and fear to the news that the three AIDS-exposed hemophiliac sons of Clifford and Louise Ray had enrolled in their schools. (Of course, parents in the small town in Indiana that accepted Ryan White, the AIDS-infected Kokomo, Indiana child who gained fame last year, acted in an enlightened fashion enrolling Ryan in their school system.)

The question may not simply be how your community will act when it

faces the Arcadia question. The real issue may be, how you will act? Will you and your public relations program be able to overcome the maniacs of the Arcadia-ilk. Ignorance and fear will bring out the worst side of human nature. Some parents simply kept their children at home, including the Mayor who also suggested that the Ray family leave town. When the Rays' continued to exercise their constitutional right to an education, people like you and me, out of fear and ignorance, gutted their home by a mysterious fire.

Hopefully, your school community will act in the more humanitarian fashion. While precautions are necessary, AIDS can not be contracted (absent some unusual condition) in a school situation. The risk that schoolchildren with the AIDS virus will transmit the disease to other youngsters is almost nonexistent -- AIDS is transmitted by having sex or sharing blood. The actions of Ryan White's new high school classmates and the community who welcomed him soften, somewhat, the cruel treatment Ryan received last year when the Kokomo community fought a protracted legal battle to keep him out of school.

Yet, AIDS is already so widespread that it effects every segment of society. No one is exempt, all can be infected: child or adult, black or white, male or female, married or single, republican or democrat, Christian or non-Christian; employed or unemployed; and, yes, homosexual or heterosexual. Yet, Acquired Immune Deficiency Syndrome is not the deadliest disease on earth. The more deadly epidemic is the Acute Fear of AIDS (AFRAIDS). Today we face the twin epidemics of AIDS and AFRAIDS. Sadly, AFRAIDS could be the more difficult for the school principal. AIDS as a disease can be controlled while AFRAIDS as an emotional reaction can spread like wildfire throughout the school and community.

What Will Your School Community Do?

What will your community do? Maybe you think that you don't need to worry AIDS because no school-aged child has been diagnosed as having symptoms of acquired immune deficiency syndrome. Well, you're just kidding yourself because your time will come. It's not a matter of if; it's a matter of when. When Arcadia visits, will your community be ready? Is your public relations department ready? Are you? Clearly, now is the time for community-based education. Likewise, public relations is critical.

Arcadia, Florida may simply be an example of a community that has suffers from a lack of education. But such attitudes make an enlightened attitude regarding AIDS an impossibility. The lack of accurate information compounds the fear and superstition. What then happens is that people work themselves into an emotional situation that breeds an even more hysteric response when learning that someone has AIDS. Ignorance and mythology are not the ways to deal with the single, greatest danger that the world has ever faced.

As strange as it may seem, Arcadia, Florida and Kokomo, Indiana may only be the calm before an even more dangerous storm. Really, no one knows exactly what to do. In fact, there may be no perfect response, but some carefully-considered action will be better than inaction. Obviously, our doing nothing is just morally irresponsible.

Handling The Fear And Apprehension

While AIDS is a lethal, incurable, and physically devastating disease, the school district faces a more difficult problem: **AFRAIDS**, because of fear and misconceptions, spreads far faster than the disease itself. Therefore, trying to provide comprehensive public relations efforts are complicated by the fear as well as by the disease, itself.

As yet, no cure for AIDS has been found. Yet, we do know how to prevent the transmission of AIDS. The major avenue to significantly reducing the transmission is to educate each person on the real facts of the disease, not the hysteria. The challenge for school district personnel is to help their staff to learn the facts while they still have the time. When fear is fed by ignorance and allowed to prevail over educated, rational self-control, then the AFRAIDS epidemic will continue to spread, infect, and injure many thousands more. The cure for the deadly disease of AIDS hysteria (that is, AFRAIDS) is the understanding, enlightenment, and modification of behavior that will come with learning the truth about AIDS. Of course, if the cure for such a horrid disease is so easy, why haven't we halted the spread of the AFRAIDS disease yet?

At the turn of the century, society was as frightened of polio as it is of AIDS today. This fear had some basis: polio spread from child to child and, for a long time, no one knew how it spread. AIDS, rather, "has never spread from child to child or indeed from adult to adult without the sharing of bodily fluids, either sexual secretions or blood." But people fear the unknown, and AIDS represents that terrible fear. This fear syndrome is exacerbated because there is no cure for AIDS and because it has been uniformly FATAL. While we know how to

prevent chicken pox, measles, and even polio, how much do we know about AIDS? Do we even know if there will ever be a cure? Sadly, no.

Alternate Futures: The High Road or the Low Road

Within the next three years, every school district in the country will have to face the Arcadia question. How our schools respond to this new and frightening challenge presented by AIDS may decide the very future of American education -- if not the future of America.

The options are far from favorable, no matter what you decide to do. In fact, the administration and school board should anticipate being roundly condemned. Once again the school system is being asked to take on a problem that is impossible to solve. AIDS education is a no-win situation. Just as past attempts by the schools to solve drug, nutrition and related problems have been unsuccessful so will our AIDS education effort.

That is not a defeatist position -- nor does it suggest that educators should fail to accept their role in limiting the problem. But we must realize that there is a limit to how much the school, alone, can accomplish. To believe that an educational program is enough is the height of ridiculousness. Yes, education will save a small percentage of students who would have engaged in high-risk activity absent an AIDS education program. The impossibility of the task is that even if only 5 per cent of our youth actively engage in risk behavior, the number of AIDS deaths by the year 2001 could reach astronomic levels. The third millennium will usher in an AIDS plague the likes of which we can not, at this time, even imagine.

Absent a cure for AIDS the societal costs challenge the

imagination. To think that education is the answer is engaging in the theatre of the ridiculous. Education can do no more than begin the process of enlightenment and help society to "cut its losses." The distribution of condoms, AIDS education involving clear explanations about high-risk behaviors and preventative actions is only a beginning point.

Every segment of the community must become involved. The important thing for educators is to take the lead and act in a responsible non-Arcadia fashion. This will send a message to all other segments of society. Obviously, if the social service organizations cannot act reasonably, how can we expect profit-motivated institutions to act responsibly to a threat to their very existence. Therefore, educators must take the lead.

The Options Don't Look Good

If my assumptions are correct, there is little that we can do. Alone education cannot save society -- although we can help a few of the children in our schools. Cutting our loses is not a very positive prospect. But, it may be the very best that we can do. With this in mind, let's look at some of the possible options.

1. Total Avoidance

Operating from this posture, a school district would do nothing. Like the ostrich, the district can bury its head in the sand. AIDS is not a problem that the schools have any responsibility to handle. In fact, by taking any action whatsoever, the schools place themselves in a possible

liability situation.

2. Moral Condemnation

The moral condemnation model says that the only answer to the AIDS problem is abstinence. By teaching about sin and moral education, the AIDS problem will eventually go away. To teach about prevention and "safe" sex is sinful. This merely increases the likelihood of increased sexual activity and more cases of AIDS will result.

3. Let's Do Our Part

Here, the sad, beleaguered school system simply accepts another responsibility imposed upon it by an unfeeling society. Even though educators know they can't do the job, they quietly accept their fate. Just as in the past when faced with impossible requests, education will do its best -- without enthusiasm, direction and a sense of mission. An AIDS Coordinator will be appointed amid much fanfare and local publicity (of course, the title will probably be something like Coordinator of the Program to Combat Sexually-Transmitted Diseases because the title is more innocuous and will offend fewer people)

4. Accepting the Challenge

Only by making a commitment devoting a major portion of our educational resources can we hope to limit the destruction, damage and death that will accompany the geometric increases in AIDS cases. The schools must devote more than a portion

of their budget. In fact, new or redirected funding and specialized programs may be the simplest part of the puzzle (the cynics among us would say that greater funding is the perfect way to destroy an AIDS education program). What is far more important is the psychologic and emotional commitment that must be devoted to the task of helping our youth to understand the peril before them.

Accepting the Challenge

The situation that our school staff, parents and students face is not unlike that faced by Arcadia. What will children and adults do when faced with AIDS cases in the their school system, school building, faculty lounge, and classroom? Will education react like Arcadia, Florida and try to frighten and intimidate those AIDS victims who probably contracted AIDS from transfusions and non-sexual behavior? Or, will it act in a more enlightened fashion?

It is sad to report that our track record in the moral education areas is not very good. The clearest example is how American education responded to school desegregation. At almost every step, in almost every school system -- North, South, East and West -- the schools bitterly fought implementation of what most realized was a morally correct ruling by the Supreme Court in Brown v. Topeka. The very victims of 200 years of segregation have been and continue to be treated in a cruel, unfair manner. An enlightened history will look with almost total disbelief at how a supposedly civilized people could have acted in such a savage, barbarian manner.

Therefore, how do you expect our schools to react to the AIDS

hysteria? The best evidence says that those with the AIDS virus will not transmit AIDS to others in a normal school situation. Yet, will the classroom teacher with an AIDS child refuse to teach the child? Demand a transfer? Segregate the child within the classroom? Similarly, how will the faculty respond when they find that a staff member has AIDS? Will parents refuse to educate their children in schools with AIDS children? Will we have all-AIDS classrooms? All-AIDS schools? All-AIDS school district?

An interesting scenario suggested by a colleague is that individualized computer educational programs will have a rebirth -- after their recent difficulties. Frightened parents will join "safe" families in their neighborhood jointly utilizing home-school programs designed around computers and improved software programs. If we do not segregate AIDS children will this new privatization movement destroy the presently-constituted educational system.

Yet, from a moral perspective does education have a choice. Don't we have to do everything in our power to assist with the 20th Century version of the black plague. Safety measures and precautions are critical to allow educators, parents and students to feel somewhat safe and secure. Realistically, only when people feel personally safe and secure can they begin to deal with the problems of others.

Recommendations

Public relations efforts must be comprehensive and must be initiated as soon as possible. This is true because of the long incubation period with AIDS. Many children born with AIDS or the HIV antibody (approximately fifty percent of these children will be able to

infect others yet will have no signs of the infection) will live to enter the school system). Thus, the most critical problems will develop in the early 1990s when our schools enroll an increasing number of HIV children -- as well as the thousands of school personnel who will learn that they are HIV antibody or have ARC or AIDS. Please note that these suggestions focus on training concerns rather than the more specialized medical concerns regarding the disease.

1. Make sure that your AIDS materials are "teacher friendly."

Most of your staff do not have doctoral degrees, nor are they bacteriologists. Therefore, your activities must be designed so that everything is easily understood. While you should avoid using complicated video equipment, a simple VHS videotape program can be structured so that strategic pauses in the tape will allow for critically-important discussion. Videotapes have the added advantage of being available for review by those who are absent. But remember, showing a long film or listening to a speaker without providing an opportunity for questions and interaction often leads to a sterile inservice session.

2. Do not surprise adults.

If you hope to involve staff, you must share the conceptual design and direction of the training. This is an especially important concern with AIDS education staff development. Many of your participants are less concerned with the need for training than with the religious and emotional impact of the sexual issues. If you add a "surprise" to the

equation, you simply decrease your chance of successful interaction. Therefore, always let your participants know exactly what the staff development session will include.

3. Your training must be educationally sound.

As with any inservice training for teachers, your AIDS education curricula must have objectives that are measurable, or at least can be viewed as impacting on the classroom setting. The focus of the training must, therefore, be student centered **NOT** teacher centered. This may sound contradictory but it really isn't. While the focus of the training is for teachers, the suggested learning activities must be student, not teacher centered.

4. Multiple mediums should be employed whenever possible.

Always vary your training approach. You cannot always use a values clarification, lecture or all films and tapes format -- variety is important. I suggest opening with a speaker; but, in order to facilitate interaction, it is often best to utilize a structured videotape that allows participants to discuss important AIDS questions in small and large group settings.

5. Your AIDS training must be cost efficient..

Your materials should be readily available and easy to use. Using expensive materials can prove dysfunctional in the long run. The best materials need to be easy to use and economical to acquire. Your

models should be easy to replicate anywhere in the district.

You need to be cautious regarding videotape materials on AIDS. There is simply too much "garbage" out there. Yet, considering the sensitivity of the topic, an effective videotape program with a training manual that offers multiple activities that allow for building adaption is the best approach. But, because the market is glutted with worthless and inappropriate material, staff developers must be extremely careful. In addition to ineffective and inappropriate materials, numerous consultants who now claim to be AIDS experts -- when all they done is simply renamed their old "dog and pony" presentation they have used for years.

6. Comprehensive and structured training is essential.

AIDS training which is piecemeal and directionless must be avoided at all costs. Other than as an introductory activity, an inservice with a doctor, lawyer, AIDS victim and personnel specialist is almost valueless. A separate programs featuring each of the specialists is little better. What is necessary is a structured on-going program which is designed to require participant interaction. Furthermore, when conducting AIDS training, fantastic teacher inservice is needed -- not simply good inservice.

If your training is passive and participants simply observe and listen to lectures and films, then little will be accomplished. Active participation is critical. Your design must involve participants. Sometimes this involvement will be little more than holding a hands. At other times, it might involve participants developing and implementing a building-level AIDS policy or program.

7. The best approach is a process orientation.

Obviously, content is important in AIDS education training. But, teachers also need to know HOW to transfer the somewhat staid information into exiting activities that their students will enjoy (just as you, the staff developer, are searching for exciting process activities with which to train your teachers). As mentioned above, you must use multiple mediums which may include films, hands on, lab work, speakers, lectures and videotapes. This will encourage the process orientation.

8. Your training must be "participant-friendly."

Obviously, your material must be current, relevant and meaningful. But, your staff wants to know the truth about AIDS -- they have been so inundated with AIDS propaganda that one of your selling points is that you will share truthful information. Furthermore, the program needs to be sensitive not only to cultural concerns but also to economic and religious concerns. Remember that your staff comes from varying backgrounds and have differing lifestyles. AIDS materials must, therefore, be appropriate for the uninformed as well as the truly knowledgeable. In fact, your sessions will probably include participants who, themselves, are HIV positive.

One AIDS Training Model

The Cleveland State University AIDS training package developed by

the College of Education includes a series of five videotapes and a comprehensive staff development manual. The manual includes step-by-step lesson plans for each unit, comprehensive summaries, evaluation forms and references and handout materials. We believe that the principles and concepts of effective staff development are incorporated in these modules. Each tape is 60 to 90 minutes in length and comes with an instructor's manual which includes a narrative of the videotape, suggested activities, discussion questions and handout materials. By following the manual, group discussion of critical concepts can be facilitated -- and these discussions are crucial. To simply listen to another lecture, to complete an AIDS worksheet, or to view a videotape leads to a passive failure. Only by involving the staff in an active conversation will principals have a truly effective AIDS Education training program.

The training program includes five titles available for school and community use:

- o. AIDS: The Human Dimension
- o. Medical Aspects Of AIDS Education
- o. AIDS Educational Policy Issues
- o. An AIDS Curriculum
- o. Legal Aspects of AIDS

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If you have any questions or if you would like to review the videotapes, call:

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